

BRIDLINGTON UNION.

RURAL SANITARY AUTHORITY.

Report for the Year 1897,

OF

WILLIAM A. WETWAN, M.R.C.S.,

*Member of the Sanitary Institute,
Medical Officer of Health for the District.*

BRIDLINGTON QUAY:

PRINTED BY RICHARD BROWN, 3, KING STREET,
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REPORT 1897.

BRIDLINGTON QUAY,

21st FEBRUARY, 1898.

GENTLEMEN,

I have the honour to present to you my Annual Report on the Health of the Rural Sanitary District of Bridlington.

The Rural District is extensive, having within its boundaries the three Registration Sub-Districts of Rural Bridlington, Hunmanby and Skipsea. It has an area of over 60,000 acres or a little more than 100 square miles, and a population by estimation of 8,477. This population is unevenly distributed, varying in density and numbers from 13 at Auburn to 1,300 at Hunmanby village. The superficial contour of the ground is on the North hilly and bold, consisting of the spur of the Wolds which runs Eastwards to terminate at Flamborough Head, and towards the South shelves gradually into the low lying undulating country of Holderness. There is a good sub-soil of sand and gravel covered by a thick layer of alluvial deposit, excepting on the higher parts of the Wolds where the chalk comes to the surface as at Flamborough, Speeton, Thwing and Wold Newton, and on the extreme South near the sea where the soil is very thin. With the exception of Flamborough, which has a moiety of the population engaged in fishing, the inhabitants are mostly occupied with agriculture and its subsidiary avocations. The census of 1891 showed a reduction of nearly a thousand in the population by emigration or deaths during the decade 1882-91, but if we may judge by the Registrar's monthly returns of births and deaths, and allowing immigration to balance emigration, the natural increase of population during the early years of the current decennium would give us an estimated population of 8,477 for the year 1897.

TABULAR SYNOPSIS.

Sub-District.	Estimated Population in 1897.	Births in 1897.	Deaths		Death Rates in 1897.		
			At all Ages	Under 1 year	General	Zymotic	Infantile
Rural Bridlington	2773	67	39	9	14·0	0·72	134·3
Hunmanby ...	3845	124	59	20	15·3	1·56	161·29
Skipsea	1829	32	13	1	7·1	0·5	31·25
Rural District	8477	223	111	30	13·08	1·06	134·52

Name of Parish.	Population at Census in		Deaths in 1897.	
	1881	1891	All Causes.	Zymotic.
Auburn	12	13	1	
Bessingby	80	87	2	
Carnaby	180	200	2	
Boynton	156	128	4	
Easton	23	32		
Hilderthorpe	26	41		
Wilsthorpe	13	16		
Sewerby & Marton ...	343	331	2	
Buckton	151	141	2	1
Flamborough	1355	1288	23	
Bempton & Newsome	309	310	3	
Rural Bridlington	2648	2587	39	1
Hunmanby	1351	1309	15	1
Speeton	160	151	4	
Grindale	179	157	6	
Argham	39	40		
Rudston	604	578	14	1
Thwing	439	367	1	
Wold Newton	310	292	7	3
North Burton	543	425	4	
Reighton	254	252	7	1
Fordon	57	38	1	
Hunmanby Sub-Dist.	3936	3609	59	6
Burton Agnes	342	321	3	
Haisthorpe	123	121	2	
Thornholme	110	115		
Gransmoor	84	68	1	1
Lissett	90	105		
Ulrome	194	198	2	
Dringhoe, Upton and Brough	157	156		
Skipsea	398	341	3	
Barmston	198	213	2	
Fraisthorpe	104	95		
Skipsea Sub-District	1800	1733	13	1
Rural District.	8384	7929	111	8

The weather of the year was somewhat trying—after a very changeable Spring we had a prolonged spell of dry weather, sometimes hot and sometimes cold, which ended up with rains and cold about the time when we could better have done with warmth and an absence of moisture. The later months of the year were cold and often damp, a combination of weather exceptionally trying to delicate and aged persons. I append a Barometrical Table.

BAROMETER, 1897.

Month.	Highest	Lowest	Range	Month	Highest	Lowest	Range
January...	30.40	29.46	0.94	July.....	30.30	29.54	0.76
February.	30.45	29.06	1.39	August....	30.18	29.40	0.78
March.....	30.06	29.06	1.00	September	30.47	29.57	0.90
April.....	30.16	29.40	0.76	October...	30.50	29.34	1.16
May.....	30.36	29.44	0.92	November	30.50	29.50	1.00
June.....	30.15	29.44	0.71	December.	30.59	29.06	1.53

With so marked a prevalence in the Country generally of illness of the Zymotic type, it was scarcely to be expected that we should escape a visitation, and whether we regard the recrudescence of Measles and Scarlatina as a reimportation or attribute the spread of these diseases to carelessness in exposing infected persons and things, or to the ignorance or disregard of the methods of disinfection, the facts remain that we have had in several parts of the Rural District a marked outbreak of Scarlatina and Measles, fortunately of a mild type and not resulting in much loss of life, although causing a good deal of inconvenience and necessitating the closing of schools in several places. I cannot say that I received much early assistance in this matter from the Infectious Diseases (Notification) Act, my first information came with scarcely an exception from the Schoolmasters in the infected centres, who finding their percentage of attenders was going down and their percentage of absentees going up communicated with me, and it was then I found a good deal of infectious sickness of a mild type in different parts of the District, the ailments having appeared so trivial that no medical attendance had been obtained; the dual notification clause of the Act, either through ignorance or design being practically inoperative. The principle of "Notification" is undoubtedly correct, it is the practical application of it in the present defective state of public information on such subjects which rules in isolated Rural communities that the disappointing results obtain. With Measles where the most infectious period of the disease is before the typical symptoms develop, it is absolutely necessary that the early cases should be recognised and Day and Sunday Schools be promptly closed, if any effective check is to be put to its spreading. This of course will only become possible with a more general recognition of the duties of householders and a wider diffusal of the knowledge of elementary hygiene, and whilst we cannot regard the public first grade schools as the most suitable vehicle for conveying this knowledge, it is just possible that the inclusion in a County Council scheme of secondary education of a course of lectures on domestic hygiene and the principles of nursing, might disperse some of the clouds of ignorance which impede Sanitary progress.

The impossibility of effectually isolating Scarlatina, Small Pox, Typhoid, &c., in the average working class dwelling of the Rural part of the Country is the chief factor in the propagation of these diseases, and I have to suggest for your consideration the erection of a small hospital for the purpose, or combining with some other Authority with the same end in view, probably the latter procedure would be the more economical and practically useful.

Whilst some parts have required and received from me more attention than others, I have during the past year traversed the whole District with tolerable frequency and so kept myself well posted as to its Sanitary condition, and have pleasure in testifying to its apparent healthiness—my observations thus coinciding with the deductions indicated by the vital statistics set forth in these pages. No doubt there are plentiful conditions which would be better altered, but the extent to which the District death-rate from “all causes” and “Zymotic Disease” falls below that of Rural England and Wales forbids us to assume any very frequent or very glaring infringements of hygienic principles—or if there be many, their surroundings must be such as to neutralise their evil tendencies. The birth-rate is low, but as the marriage-rate has shown an inclination to rise during the last two years, we trust the deficiency of births will soon be remedied and the District become as populous as in earlier days.

The following statistics which relate to the Urban and Rural population of England and Wales are taken from the Registrar General's publications and afford useful means of estimating the comparative value of our own figures.

VITAL STATISTICS OF ENGLAND AND WALES FOR 1897.

The birth-rate of England and Wales was equal to 29·7 per 1000, and with two exceptions was lower than in any other year on record; compared with the average rates in the ten preceding years it shows a decrease of 1·0 per 1000.

The death-rate was equal to 17·4 per 1000, which was 1·2 per 1000 below the average rate in the ten preceding years. Excepting 1894 and 1896 the death-rate last year was the lowest on record. The rate of mortality among infants was in the proportion of 156 per 1000 births registered, which was 8 per 1000 above the average. The deaths resulting from the principle Zymotic Diseases were equal to a rate of 2·15 per 1000 living, against 2·17 and 2·21 respectively in the two preceding years.

The Urban mortality was 18·2, and the Rural mortality was 15·8 per 1000.

MARRIAGES.

There were 51 marriages in the Rural District in 1897, as compared with 55 and 34 in the two immediately preceding years, being equal to 12·03 persons married to each 1000 living, this being 2·87 below the mean rate of England and Wales for the ten years 1884-93.

BIRTHS AND BIRTH-RATES.

There were 223 births registered in the Rural District in 1897, against 238, 224 and 217 in the three immediately preceding years. The District birth-rate of 26·3 being 3·4 below that of England and Wales for the year. The Sub-District birth-rates were Rural Bridlington 24·16, Hunmanby 32·24, and Skipsea 17·49 per 1000 living.

TABLE OF QUARTERLY TOTALS.

1897.				1896.		
	Males.	Females.	Total.	Males.	Females.	Total.
BRIDLINGTON SUB-DISTRICT						
1st Quarter.	4	8	12	8	12	20
2nd Quarter.	8	16	24	7	11	18
3rd Quarter.	9	13	22	5	8	13
4th Quarter.	2	7	9	5	7	12
Total	23	44	67	25	38	63
HUNMANBY SUB-DISTRICT.						
1st Quarter.	17	15	32	8	13	21
2nd Quarter.	13	14	27	21	18	39
3rd Quarter.	17	17	34	17	17	34
4th Quarter.	20	11	31	24	10	34
Total	67	57	124	70	58	128
SKIPSEA SUB-DISTRICT.						
1st Quarter.	7	7	14	9	3	12
2nd Quarter.	—	2	2	7	5	12
3rd Quarter.	2	7	9	6	5	11
4th Quarter.	6	1	7	5	7	12
Total	15	17	32	27	20	47
Totals for Rural District.	105	118	223	122	116	238

DEATH AND DEATH-RATES.

There were 111 deaths in 1897, compared with 94, 97, and 96 in the three previous years. The death-rate for the Rural Sanitary District being 13·08 per 1000 persons living, or 2·72 below the rate of mortality in Rural England and Wales. The deaths of children under one year of age were in the proportion of 134·52 deaths to each 1000 registered births, the average proportion in England and Wales for the past year having been 156 per 1000. The Sub-District Rates of mortality at all ages were Rural Bridlington 14·0, Hunmanby 15·3, and Skipsea 7·1, and the proportion of infantile deaths to registered births for the same localities as follows: 134·3, 161·29, and 31·25 in the order written.

TABLE OF QUARTERLY TOTALS.

1897.				1896.		
BRIDLINGTON SUB-DISTRICT	Males.	Females.	Total.	Males.	Females.	Total.
1st Quarter.	5	8	13	2	3	5
2nd Quarter.	2	3	5	3	3	6
3rd Quarter.	3	6	9	2	4	6
4th Quarter.	7	5	12	3	2	5
Total	17	22	39	10	12	22
HUNMANBY SUB-DISTRICT.						
1st Quarter.	8	4	12	8	4	12
2nd Quarter.	8	6	14	11	8	19
3rd Quarter.	9	5	14	7	4	11
4th Quarter.	8	11	19	9	7	16
Total	33	26	59	35	23	58
SKIPSEA SUB-DISTRICT.						
1st Quarter.	4		4	3	2	5
2nd Quarter.		1	1	1	1	2
3rd Quarter.	1	3	4	2	2	4
4th Quarter.	3	1	4		3	3
Total	8	5	13	6	8	14
Totals for Rural District.	58	53	111	51	43	94

CAUSES OF DEATH.

This table shows the causes of death classified according to disease, age, locality and quarter of the year, and gives the gross mortality of the Rural District for the year to which the Report refers.

Disease:—The deaths from Zymotic Disease have been so few that even if we take all the first four names on the list we can only get enough to make a Zymotic death-rate of 1·06 for the Rural District as compared with a “nil” rate the year before. There were six deaths from Cancer and six from Tubercular Diseases, as compared with five and seven in the year 1896. The three groups, Disease of Brain and Spinal Cord, Disease of Heart and Blood Vessels, and the Respiratory Diseases, are about the same for both years, numbering respectively 15, 12 and 12 for 1897, against 15, 13 and 9 for previous year. Marasmus and General Debility, Premature Birth and Dentition claim larger quota this year than last. Senile Decay takes as many as in the year before, whilst the number of inquests for 1897 exceeds by one, the total of 1896. So far as Disease is concerned the only point to which I would direct your attention is the very satisfactory one of the attenuated mortality from Zymotic mischief.

CAUSE OF DEATH.	AGE.						Registration Sub-District.			Sex.		Quarter of Year.				
	Under 1 year.	From 1 to 5.	From 5 to 15.	From 15 to 25.	From 25 to 60.	From 60 upwards.	Bridlington.	Hunmanby.	Skipsea.	Males.	Females.	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Total.
Diphtheria .. .. .	..	1	..	..	..	..	..	..	1	..	1	..	..	..	1	1
Scarlet Fever .. .. .	..	2	..	..	..	..	..	..	..	..	2	..	..	..	2	4
Whooping Cough .. .. .	..	1	..	..	..	1	..	..	..	3	1	..	..	1	3	1
Influenza .. .. .	..	..	..	1	..	..	..	..	..	1	..	..	..	1	..	1
Diabetes .. .. .	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	3
Gangrene .. .. .	..	..	..	..	1	2	3	2	..	2	4	1	..	3	2	6
Cancer .. .. .	..	..	..	..	2	4	..	2	1	..	1	..	..	..	1	9
Pyæmia .. .. .	..	..	..	1	1	1	..	..	1	3	1	3	..	..	..	3
Tuberculosis	1	..	..	..	2	..	..	3	..	1	2	..	..	..	..	1
Phthisis .. .. .	..	..	1	2	2	7	2	1	..	8	7	1	..	2	..	3
Disease of Brain & Spinal Cord	5	1	..	1	6	4	6	9	..	8	4	6	4	2	4	12
Disease of Heart & Blood Vessels .. .. .	..	..	..	1	2	5	4	6	2	8	4	2	2	4	3	12
Bronchitis, Pneumonia, &c.	1	2	..	1	2	6	5	6	1	2	10	1	5	3	1	12
Disease of Stomach & Bowels	2	2	..	..	..	1	1	1	3	3	2	1	1	2	1	5
Disease of Kidneys .. .. .	..	..	..	..	..	1	..	1	..	..	2	1	..	..	..	1
Marasmus & Congenital Debility	10	..	..	..	..	..	4	6	..	4	1	3	1	4	2	10
Premature Birth and Dentition	7	3	..	..	..	9	4	5	1	5	5	5	1	2	3	10
Senile Decay .. .. .	..	4	1	..	..	1	2	6	..	5	4	3	2	1	3	9
Inquests { Natural Causes .. .. .	..	1	..	..	5	..	2	3	2	3	2	..	1	1	1	5
{ Traumatic Causes .. .. .	..	..	..	..	..	..	2	3	..	7	..	2	2	2	3	7
Totals	29	17	2	6	19	38	37	61	13	58	53	30	20	29	32	111

Age:—There were 29 deaths of children under one year of age in 1897 against 21 in 1896, being in the proportion of 134·52 deaths to each 1000 live births. The working period of life from 15 to 60 years contributed 25 deaths compared with 34 in the previous year, whilst per contra, 60 years and upwards, contributes 38 this year against 30 last.

VACCINATION.

During the six months ended 30th June, 1897, there were 175 births registered in the Bridlington Registration District, of these 105 were successfully vaccinated and 17 died unvaccinated, leaving 52 or 29·6 per cent. to be accounted for later on. This is an improvement on the corresponding period of some previous years, but the following table shows the enormous amount of lee-way there is yet to be made up before we can face with equanimity the probability of a Small Pox invasion. The present severe outbreak of Small Pox at Middlesborough, with 250 cases of the disease under treatment at one time, the steady reproduction of the disease, and the very complete means of intercommunication which exist between infected centres and other parts of the Country should awaken Sanitary Authorities not only to the necessity of firmly enforcing the Vaccination Laws but of making due provision for the reception and treatment of cases of the disease. More especially is it necessary that Poor Law Authorities and their officials should be on the watch to detect symptoms of the complaint in the persons of tramps and such like frequenters of casual wards and common lodging-houses, for by them a great deal of the spreading of Small Pox is accomplished. In the present as in all other epidemics the disease shows a marked partiality for the unvaccinated, and such as it does not slay carry about them to the end of their days indelible marks of its power and virulence. There is of course no call for panic or excitement, truculent and powerful as is the complaint, its prevention is easy—the remedy and prophylactic in one are to hand in efficient vaccination—it has been well said in days gone by that were all susceptible people in the Country vaccinated or revaccinated, in three months the disease would be stamped out.

VACCINATION STATISTICS FOR THE TEN YEARS 1887-96.

	Births.	Success- fully Vacci- nated.	Insus- ceptible.	Died unvacci- nated.	Postpon'd by Medi- cal Cer- tificate.	Removed to Districts known.	Removed to Districts unknown	unac- counted for.	Per cent lost sight of or un- actd. for.
1887	276	216	—	31	6	9	—	14	5·0
1888	299	239	—	29	3	2	4	22	8·3
1889	310	191	—	37	—	2	6	54	17·4
1890	275	214	—	25	1	2	7	26	9·4
1891	324	245	—	36	2	—	—	40	12·3
1892	290	206	—	24	—	1	—	59	20·0
1893	326	202	—	33	—	2	—	89	27·3
1894	309	192	—	32	2	4	10	67	24·9
1895	308	147	—	35	2	—	—	124	40·26
1896	327	212	2	42	1	2	11	57	20·7

INFECTIOUS DISEASES (NOTIFICATION) ACT.

I have received 83 certificates relating to 82 cases during 1897, against 128 in the preceding year. As previously noted the Notifications do not cover the full extent of the prevalence of Measles and Scarlatina. I am glad to note that I have had no information of any Typhoid in Hunmanby during the year, showing that our efforts to improve that somewhat unfortunate village have not been entirely fruitless. The three cases of Enteric Fever recorded were in Skipsea Sub-District, and were undoubtedly sporadic, considerable intervals of time and space intervening between them. One of the cases of Diphtheria ended fatally, and was attributed

to the condition of the dwelling-house. The Zymotic Disease of the past year has been exceptionally mild. I enclose copies of handbills which I have had printed for distribution in this department.

Disease.	SUB-DISTRICT.			
	Rural District	Rural Bridlington	Hunmanby	Skipsea
Diphtheria	3	—	2	1
Enteric Fever ...	3	—	—	3
Scarlet Fever.....	67	12	55	—
Puerperal Fever	1	—	1	—
Erysipelas	5	—	3	2
Measles	4	1	3	—
	83	13	64	6

NOTIFICATION STATISTICS FOR THE SEVEN YEARS 1891-97.

Disease	1891	1892	1893	1894	1895	1896	1897
Diphtheria	14	3	2	—	—	1	3
Enteric Fever ...	2	14	8	3	16	7	3
Typhus Fever ...	—	—	—	—	—	—	—
Scarlet Fever ...	60	4	1	5	19	7	67
Puerperal Fever ...	—	—	—	—	1	3	1
Erysipelas	—	—	—	5	1	7	5
Measles	—	—	—	—	24	103	4
Small Pox	—	1	—	—	—	—	—

DEATHS FROM CERTAIN DISEASES IN THE YEARS 1891-97.

	1891	1892	1893	1894	1895	1896	1897
Diarrhœa	2	4	5	—	4	—	—
Measles	3	2	—	—	5	—	—
Enteric Fever	1	2	1	2	—	1	—
Scarlet Fever	10	—	1	—	1	—	2
Diphtheria... ..	1	—	1	—	—	—	1
Influenza	11	3	4	2	1	—	1
Childbirth	1	1	—	1	1	3	—
Bronchitis, Pneumonia	23	14	12	20	8	9	12
Tuberculosis	7	5	2	15	6	7	6
Cancer	4	3	7	4	7	5	6

CONTAGIOUS DISEASES (ANIMALS) ACT.

I am without any detailed information on the working of this Act, but I presume the responsibilities which it casts on Sanitary Authorities are fully recognised and acted upon. I have during the past year received two Police Notices of the existence of Anthrax on farms in the District, and have visited them to ascertain that adequate measures of disinfection were employed.

In conclusion I have to congratulate the Authority on the satisfactory features of this Report, and trust that the District will show a continuous and corresponding improvement with the advances of Sanitary Science. I expected to have been able to place in your hands a report embodying the results of a survey of Hunmanby parish and village, but find the mass of facts and details require more time for digestion owing to the limited clerical assistance available.

I am, Gentlemen,

Your obedient Servant,

WILLIAM A. WETWAN,

Medical Officer of Health.

To the Rural District Council and Sanitary Authority, Bridlington.

Handbill No. 1.

DISTRICT OF BRIDLINGTON.

RURAL DISTRICT COUNCIL AND SANITARY AUTHORITY.

SCARLET FEVER OR SCARLATINA.

Scarlet Fever and Scarlatina are one and the same disease. It is a very infectious fever of varying intensity, mostly spreading amongst the young. Mild cases are quite as infectious as the most severe, and will equally beget the severe type. Infective material is given off from the throat and skin—from the throat chiefly during the early period of the disease—from the skin mostly during the later or peeling stage. A patient is infectious from six to eight weeks from the appearance of the rash or initial symptoms. The *particles of skin* shed during desquamation will retain their virulence for *months and years*.

The patient should be separated from the rest of the family, and placed in a light and airy, but warm room at the top of the house; all unnecessary furniture and carpets should be removed from the room and staircase; a sheet should be hung outside the bedroom door, quite covering the aperture, and kept constantly wet with some fluid disinfectant. The attendant should *invariably* remove her outer-garment (*of washable print*) before going to other parts of the house, or leaving the patient's room; and should pay very particular attention to her own head as well as the patient's, frequently washing both with warm soap and water containing Carbolic Acid.

The 126th Section of the Public Health Act imposes heavy penalties on any person exposing himself—or other infected person—or exposes clothes or things generally which have been exposed to infection, and not properly disinfected.

Handbill No. 2.

DISTRICT OF BRIDLINGTON.

PRECAUTIONS IN CONSUMPTION, DIPHTHERIA, AND
TYPHOID FEVER.

In "Consumption" and Diphtheria, all expectoration should be on to pieces of rag or carbolised tow, which should be burned at once; or into some glazed vessel containing a powerful antiseptic. The atmosphere of the sick room being kept saturated with a volatile disinfectant.

The patient should occupy an airy, *moderately* warm, well ventilated room.

In "Typhoid Fever" as in Cholera—English and Asiatic—the infection is in the bowel discharges, and these should at once be destroyed by fire, or by some powerful bactericide. All linen soiled by these discharges should *at once* be placed in disinfecting solution.

It is most essential in all these complaints that articles of food and drink should be kept out of the reach of any chance of infection—only such as may be required by the patient should be allowed in the sick room.

Handbill No. 3.

DISINFECTION AFTER SCARLET FEVER, DIPHTHERIA,
MEASLES, &c.

The chimney, crevices of windows and doors of the infected room should be stopped; the stuffing of the bed and mattress taken out and burnt; and the bed-tick and mattress-cover, together with bed-clothes, carpets, drapery, &c., hung over lines stretched across the room, and the whole well fumigated with sulphur-fumes. At least one pound of sulphur should be burned to every thousand cubic feet of space. This is best done over night, the fumes being left in the room until morning, when it should be cautiously entered and the window opened, the mouth and nose being protected whilst in the room. The washable contents of the room should then be boiled and washed, the wall paper stripped off, and the whole of walls, floor, and ceiling be well washed with carbolic acid and water.

